

## IDEA Part C to B Transition

### Determination of a Child's Eligibility for Early Childhood Special Education Services at age 3

**School District:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear \_\_\_\_\_,

Your child's Children's Integrated Service/Early Intervention (CIS/EI) Part C program has notified the local school district/local education agency (LEA) that your child may be *potentially* eligible for Part B Early Childhood Special Education services when your child turns 3 years old. The school district team will use the following eligibility *criteria* as well as *evidence* presented by the CIS/EI team during the 90 day transition meeting, to determine your child's eligibility to receive Early Childhood Special Education and related services.

**Criteria→** Eligibility criteria used for determining child's eligibility for  
Part B/Early Childhood Special Education Services at age 3:

1. Your child demonstrates a 25% delay in one or more developmental domains as measured by ongoing assessment and use of a state approved assessment tool, **or**
2. Your child has a medical condition diagnosed by a licensed physician that may result in significant delays by his/her sixth birthday, **and**
3. Prior to your child's 3<sup>rd</sup> birthday, your child received consistent specialized instruction, developmental therapy services or speech and language services as specified on the One Plan/Individual Family Service Plan (IFSP).

*The following sections are to be completed by the LEA*

**Evidence→** The LEA will review, consider and determine your child's eligibility to receive  
Part B/Early Childhood Special Education services based on the following  
evidence:

1. **Please check the state approved all domain assessment tool that was used to determine 25% delay:**
  - ☐ Assessment, Evaluation, and Programming System (AEPS)
  - ☐ Infant-Toddler Developmental Assessment (IDA)
  - ☐ Hawaii Early Learning Profile (HELP)
  - ☐ Trans-Disciplinary Play-based Assessment (TPBA)
  - ☐ Tool(s) used, in addition to the state approved tools listed above, may provide evidence in support of a 25% delay in specific domain areas (e.g., speech/articulation, gross motor, etc.)  
Please state name of tool(s) or other measurement: \_\_\_\_\_
  - ☐ N/A (Proceed to #2 -child has diagnosed medical condition)

**OR**

**2. The child has a diagnosed medical condition that may result in significant delays by the child's sixth birthday as evidenced by:**

- ☐ Written medical diagnosis from child's pediatrician or family medical doctor, **or**
- ☐ Medical report stating diagnosis from Child Development Clinic, **or**
- ☐ Other, please specify \_\_\_\_\_
- ☐ N/A (Complete #1 to review evidence of 25% delay)

**AND**

**3. Evidence that child received consistent CIS/EI services prior to their 3<sup>rd</sup> birthday:**

It is important to consider that what constitutes consistency in service delivery may be affected by family priorities and/or availability. The family has an active role in Early Intervention and may be identified as the 'who\*' (as specified on the One Plan Child Outcome page) to implement strategies and activities across routines of the day. The EI provider is responsible for providing families with information, skills and support related to enhancing the skill development of the child. [Vermont Special Education Rule §2360.5.1(23)(iii)]

**LEA will consider the following One Plan/IFSP evidence:**

- One Plan/IFSP Service Grid:
  - ☐ Early intervention services listed
  - ☐ Frequency (number of days/sessions service is provided)
  - ☐ Length of time during each session
- One Plan/IFSP Child Outcome page(s):
  - ☐ Outcome(s) identified
  - ☐ Listed strategies and activities designed to promote a child's acquisition of skills per outcome
  - ☐ Evidence of who\* is implementing strategies/activities
  - ☐ Evidence of when and where strategies/activities occur
- One Plan/IFSP Outcome Review (typically reported at six month intervals)
  - ☐ The most recent child progress update(s)

Additional Notes: \_\_\_\_\_

## LEA Part B Eligibility Determination

**Based on criteria for potential eligibility listed above and all evidence presented at the 90 Day Transition Meeting, the Local Education Agency representative has determined that:**

\_\_\_\_\_  
(Child's Name)

- ☐ meets the Part B/Early Childhood Special Education eligibility requirements  
2361.2 (a)(1)(i)(ii)(iii) under the disability category of Developmental Delay

**OR**

- ☐ does not meet the Part B/Early Childhood Special Education eligibility requirements.  
The reason(s) for determining ineligibility is/are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parental Consent**

*If your child was determined eligible to receive Part B/Early Childhood Special Education Services, the school district requires your written consent for your child's placement in Part B and for the initial early childhood special education and related services to begin when your child turns 3. Please review, check appropriate statements below, sign, and return this form to the school.*

**Parent Consent for placement in IDEA Part B/Early Childhood Special Education Services:**

- ☐ My child is transitioning from Part C (birth to age 3) to Part B (ages 3 to 21) services and has met eligibility criteria requirements as stated above. I give consent for my child's placement under Part B Early Childhood Special Education (age 3-5) and related services.

**Parent Consent for Initial Provision of Services:**

- ☐ I give my consent for all initial services in the IEP to begin. Should you change your mind ***prior*** to the start of these initial IEP services, they will not commence. If you wish to revoke your consent ***after*** the initial IEP services have begun, the revocation of consent shall be in writing, on Form 6a provided by the LEA or in any other written form, and should indicate the date of revocation.
- ☐ I **do not** give my consent for any of the initial IEP services to begin. Please be aware that if you refuse all IEP services, the LEA may attempt to resolve the matter through an informal meeting with you, or by requesting mediation, a re-evaluation, or a review of existing data to determine if your child continues to be eligible for special education services.

X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian/Educational Surrogate

Printed Name: \_\_\_\_\_

If you have any questions regarding this consent form, please contact:

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Sincerely,

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Date Parental Consent Received by District:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Enclosures: EEE Individualized Education Plan

Form 6B